



The State of Delaware

GHIP Strategic Framework

January 13, 2020

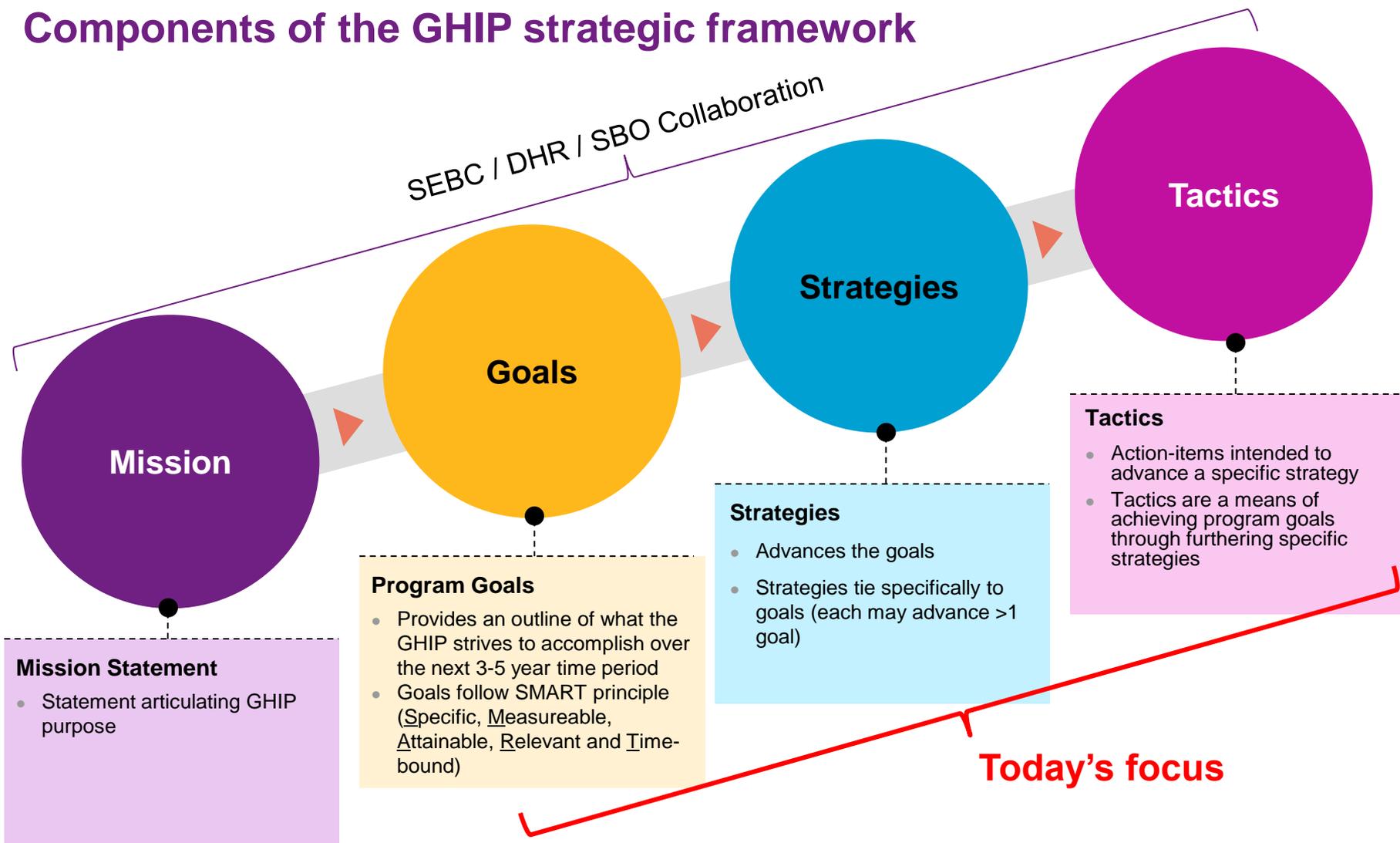
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Overview of today's discussion

- Initial proposed changes to GHIP strategic framework reviewed with SEBC in November 2019
 - Discussion focused on revisions to GHIP goals
 - Updates to strategies and tactics would follow after obtaining SEBC feedback
- Today's discussion incorporates SEBC input from the November 2019 meeting along with new strategies and tactics aligning with the revised goals
- Additional input is requested of the SEBC to finalize updates to the strategic framework

Components of the GHIP strategic framework

SEBC / DHR / SBO Collaboration

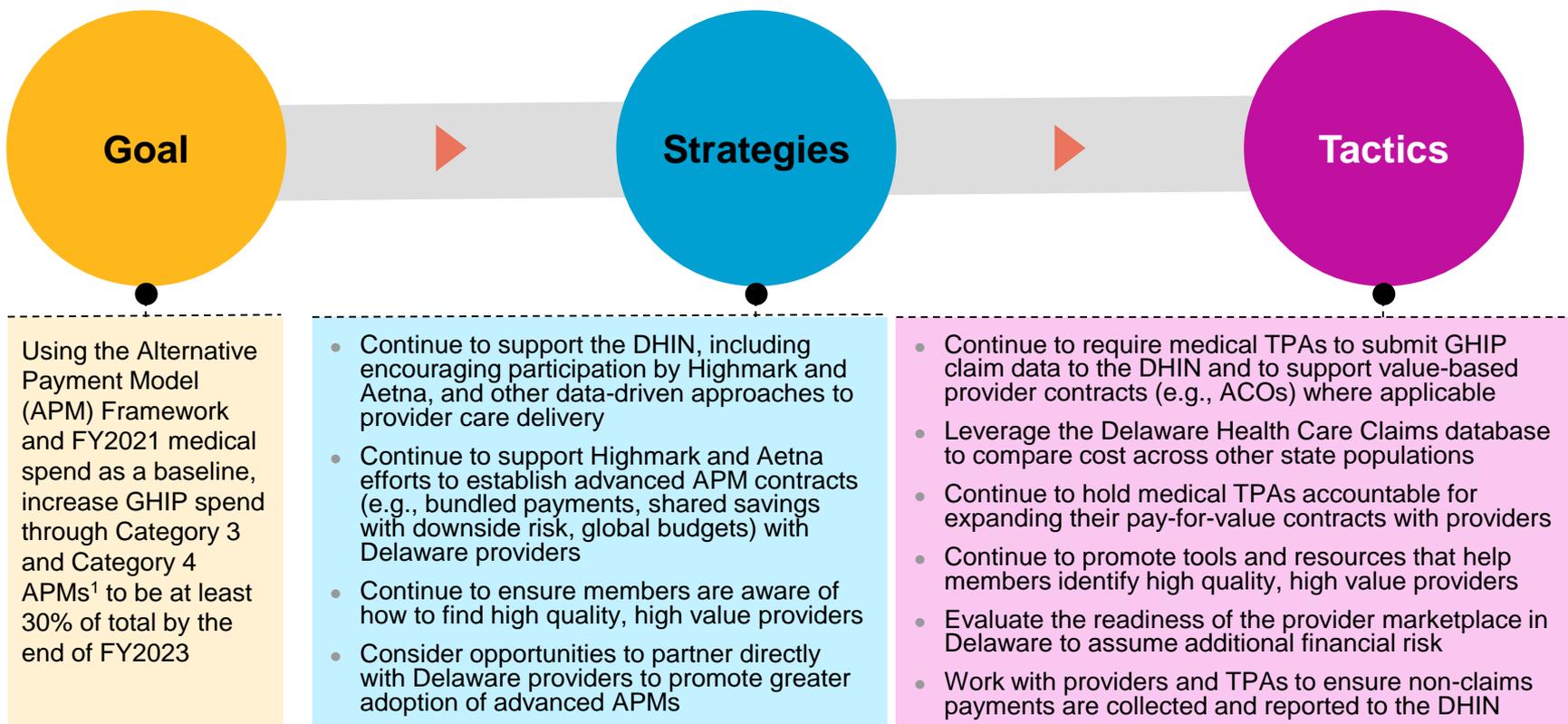


Original strategic framework including all four components above was finalized and approved by the SEBC in December 2016

Revised proposed GHIP goal #1

Mission Statement

Offer State of Delaware employees, retirees and their dependents adequate access to high quality healthcare that produces good outcomes at an affordable cost, promotes healthy lifestyles, and helps them be engaged consumers.

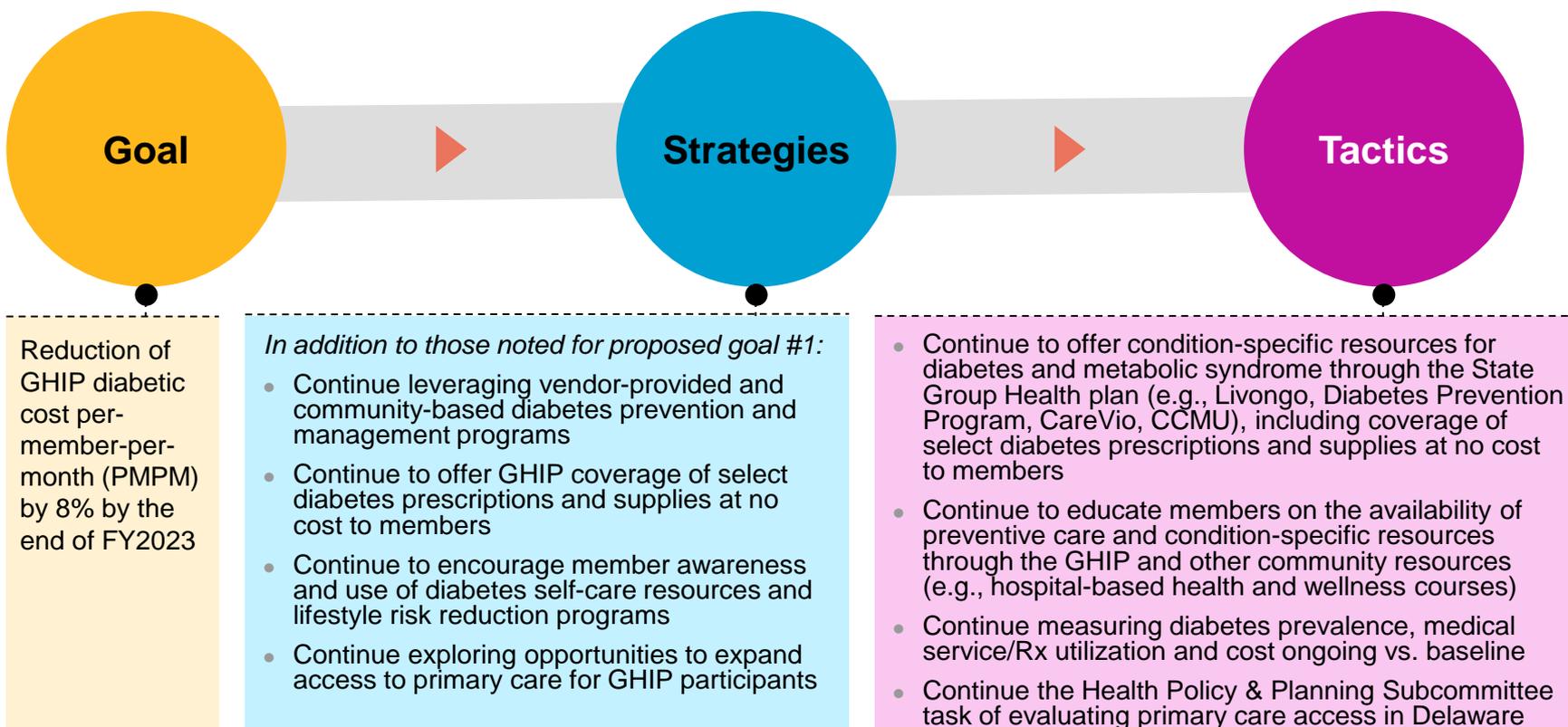


¹ Defined by the APM Framework as Category 3 and Category 4 models.

Revised proposed GHIP goal #2

Mission Statement

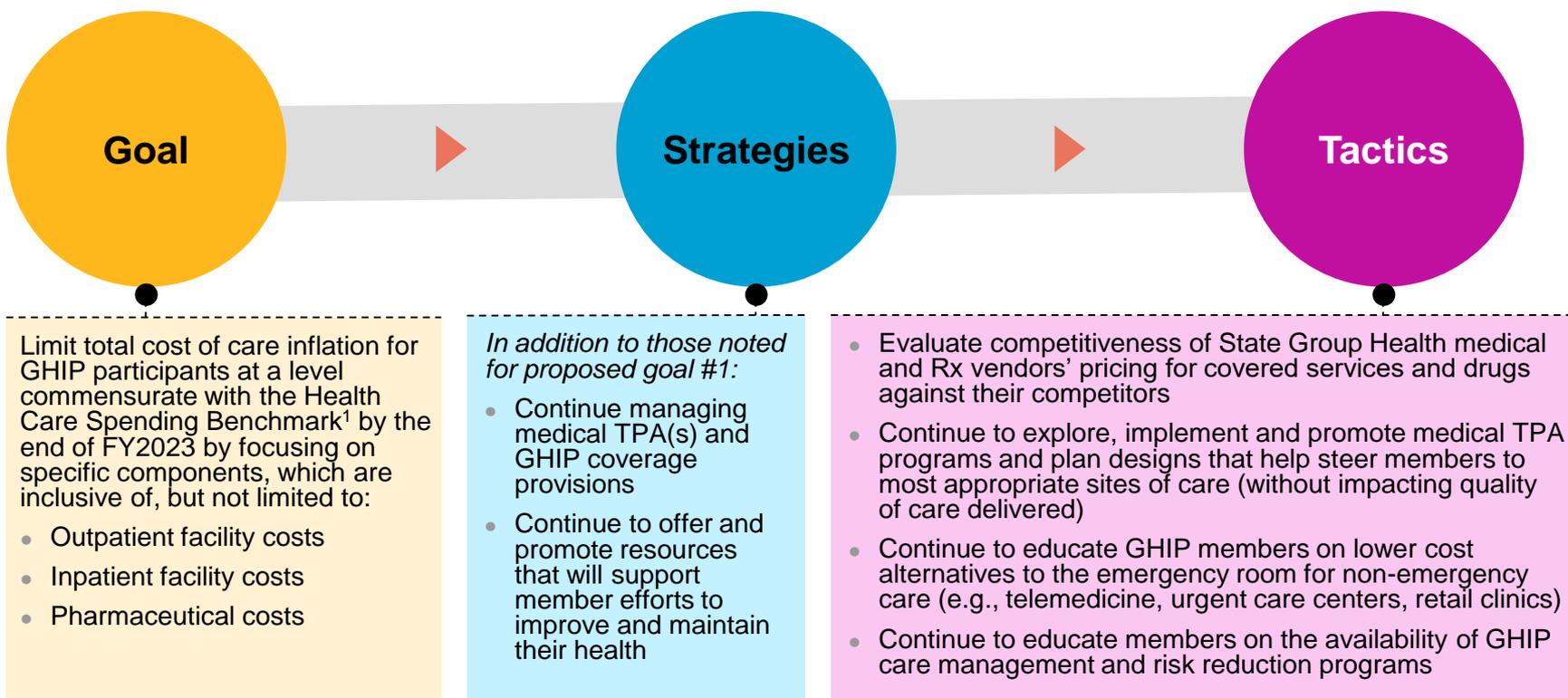
Offer State of Delaware employees, retirees and their dependents adequate access to high quality healthcare that produces good outcomes at an affordable cost, promotes healthy lifestyles, and helps them be engaged consumers.



Revised proposed GHIP goal #3

Mission Statement

Offer State of Delaware employees, retirees and their dependents adequate access to high quality healthcare that produces good outcomes at an *affordable cost*, promotes healthy lifestyles, and helps them be engaged consumers.

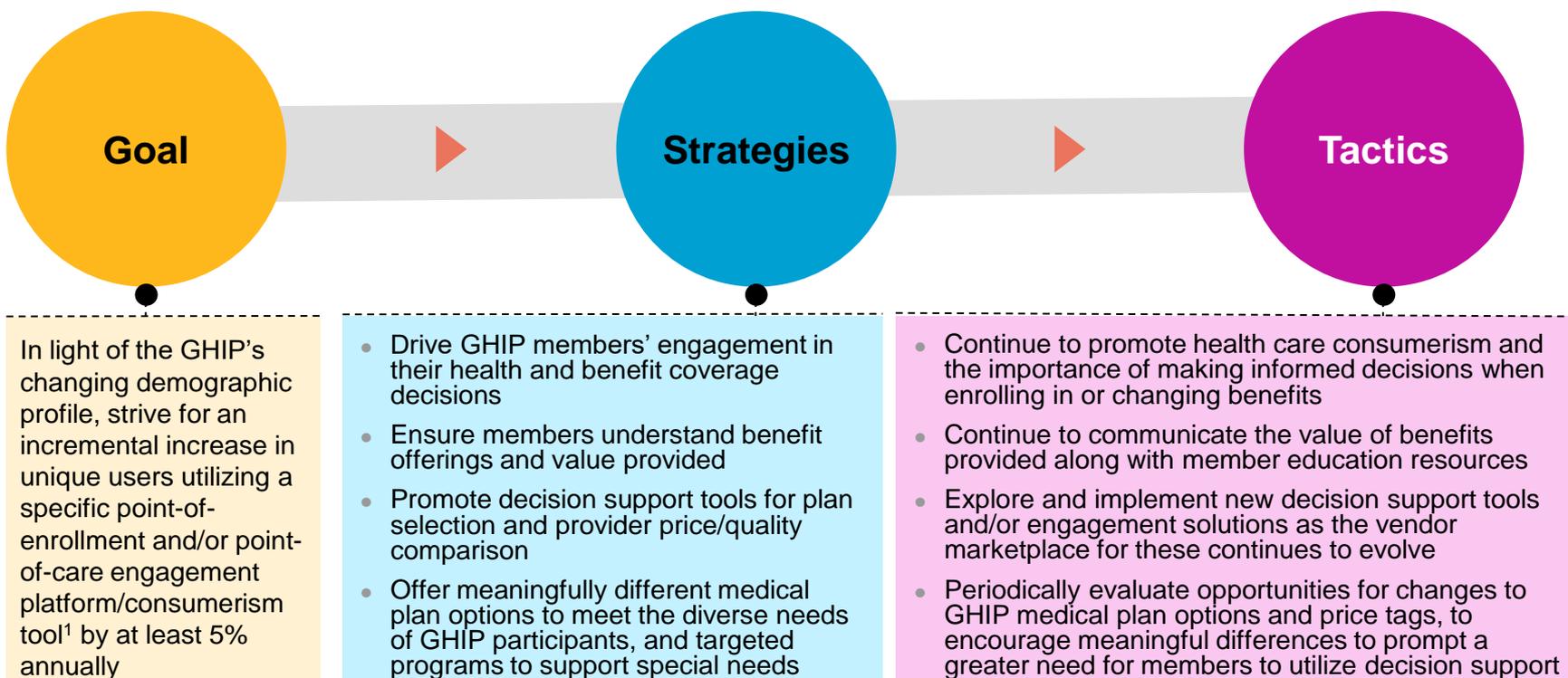


¹ Currently pegged at 3.8% for 2019.

Revised proposed GHIP goal #4

Mission Statement

Offer State of Delaware employees, retirees and their dependents adequate access to high quality healthcare that produces good outcomes at an affordable cost, promotes *healthy lifestyles*, and helps them be *engaged consumers*.



1 Through FY2021, this tool will continue to be administered under the purview of the SBO. Post-FY2021, selection of a specific engagement platform / consumerism tool will be at the discretion of the SEBC.

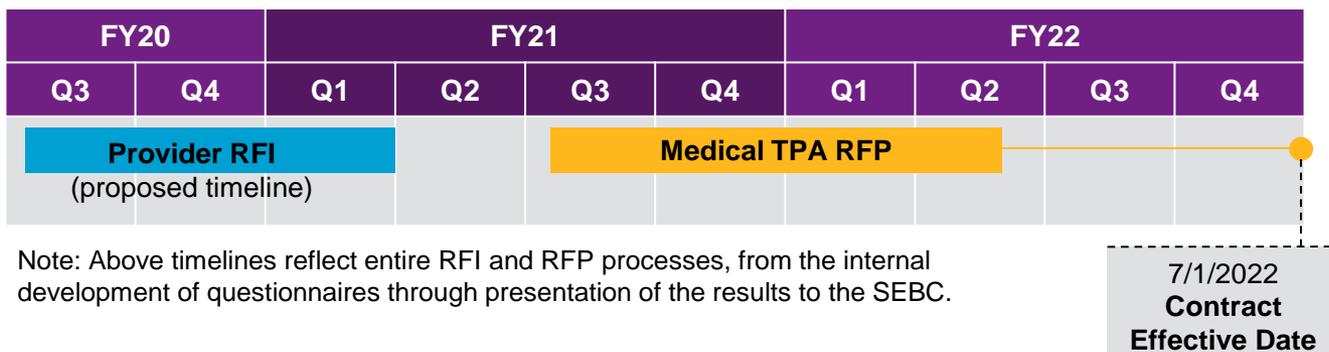
Areas for impacting change and “shrinking the pie”



- GHIP strategic framework has several goals related to reducing total cost of care
- One of the primary areas of influence on total cost of care is the quality and cost efficiency of medical providers in the health plans' networks
- SEBC has recently engaged Highmark and Aetna in discussions about these vendors' future plans to expand their value-based contracts with network providers
- Opportunity to engage representatives from the Delaware provider community and other health care stakeholders to understand perspectives on opportunities to reduce GHIP total cost of care

Health care stakeholder request for information

- Consider issuing a request for information (RFI) to health care stakeholders to:
 - Gather best practices in cooperative approaches and innovative solutions to reducing the total cost of care for the GHIP
 - Gain a better understanding of the interest from, and readiness of, the provider market to go deeper into more advanced categories of the APM framework
 - Identify third party providers that could play a role in the Delaware health care marketplace to support the goals of the SEBC
- Focus the RFI on health care stakeholders' ability to help the SEBC promote innovation around reduction in total cost of care, without sacrificing quality of care
- Responses to the RFI could be used to shape the development of the medical TPA RFP, which will need to start in Q3 FY21



- While the RFI would not result in an award of business, it would help inform the SEBC of how the State's medical TPAs could partner with health care stakeholders that are ready to implement more advanced APMs and identify providers that could operate as a standalone solutions

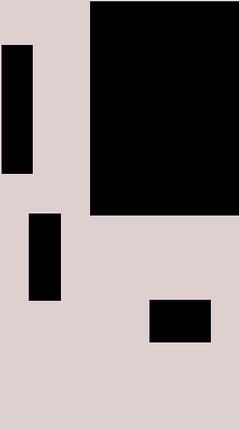
Potential RFI topics

- Health care stakeholders' proposed solutions for partnering with the State to reduce GHIP total cost of care, including considerations for contracting, administration, reporting and oversight/governance
- Health care stakeholders' experience with risk contracting and clinically integrated systems
- Health care stakeholders' perspectives on movement into advanced APMs (Category 3 and 4), including:
 - Keys to success in these models
 - Barriers to adoption
 - Expected costs and savings (to providers and the State), including tolerance for taking on risk
 - Current technology capabilities and constraints (e.g., electronic medical records)
 - Timeframe for readiness to adopt
 - Implications for clinical practice transformation
 - Requirements for data and reporting from medical carriers, other providers, the DHIN, etc.

Next steps

- SEBC to determine readiness to vote on the revised components of the GHIP strategic framework at the conclusion of today's SEBC meeting
 - If no vote taken today, i.e., if SEBC member feedback is extensive, then select components of the framework will be revised and reviewed with the SEBC at the February 2020 meeting
- SEBC to vote on approval for SBO to issue proposed health care stakeholder RFI

Appendix





GHIP mission statement

Approved by the SEBC in December 2016

Offer State of Delaware employees, retirees and their dependents adequate access to high quality healthcare that produces good outcomes at an affordable cost, promotes healthy lifestyles, and helps them be engaged consumers.



GHIP mission statement

Core concepts defined

*Offer State of Delaware employees, retirees and their dependents **adequate access** to **high quality healthcare that produces good outcomes** at an **affordable cost**, promotes **healthy lifestyles**, and helps them be **engaged consumers**.*

Core Concept	Definition
Adequate access	Access to various types of healthcare providers that meets generally accepted industry standards (e.g., x number of y PCPs, specialists, hospitals within z miles of GHIP participant's home zip code).
High quality healthcare that produces good outcomes	Healthcare that meets nationally recognized standards of care established by various governmental and non-governmental health care organizations (e.g., AHRQ, NCQA, The Leapfrog Group). ¹
Affordable cost	Annual health care cost trend that is lower than national average for both GHIP participants and the State. For GHIP participants, at minimum, medical plans meet the minimum value and affordability requirements under PPACA; cost reflects both out-of-pocket cost sharing via plan features and employee payroll contributions. For the State, program costs are monitored and budgeted to promote greater fiscal certainty.
Healthy lifestyles	Combination of behaviors that reduce health risk factors, including regular exercise, proper nutrition, avoidance of tobacco, moderation of alcohol use, preventive care, and active management of chronic conditions.
Engaged consumers	GHIP members who have taken ownership of their health by using all available resources provided by the State (e.g., provider cost/quality data, SBO consumerism website and online training course) to make informed decisions on how, where and when they seek care.

¹ AHRQ = Agency for Healthcare Research and Quality, a Federal agency within the U.S. Department of Health and Human Services (HHS).

NCQA = National Committee for Quality Assurance, a 501(c)(3) not-for-profit organization.

The Leapfrog Group is a nonprofit watchdog organization and a national advocate of hospital transparency in cost, quality and safety data to support informed decision-making among healthcare consumers.



GHIP goals – approved by SEBC in December 2016

Tied to the GHIP mission statement

Mission Statement:

*Offer State of Delaware employees, retirees and their dependents **adequate access** to **high quality healthcare that produces good outcomes...***



*at an **affordable cost...***



*promotes **healthy lifestyles**, and helps them be **engaged consumers.***



Goals:

- Addition of at least net 1 value-based care delivery (VBCD) model by end of FY2018
- Reduction of gross GHIP medical and prescription drug trend by 2% by end of FY2020¹
- GHIP membership enrollment in a consumer-driven or value-based plan exceeding 25% of total population by end of FY2020²

¹ Gross trend is inclusive of total increase to GHIP medical plan costs (both “employer” and “employee”) and will be measured from a baseline average trend of 6% (based on a blend of the State’s actual experience and Willis Towers Watson market data).

² Note: To drive enrollment at this level, the State will need to make plan design and employee contribution changes that may require changes to the Delaware Code.



GHIP strategies – linked to GHIP goals

Framework for the health care marketplace

Health Care Services

Health Status of the Population

Provider Care Delivery

Provider-led Health and Wellness Initiatives

Providers

- ★ Continue to support the DHIN, including encouraging medical TPAs' participation, and other data-driven approaches to provider care delivery
- ★ Continue to support Highmark and Aetna efforts to establish advanced APM contracts with Delaware providers
- Continue managing medical TPA(s)
- ★ Consider opportunities to partner directly with Delaware providers to promote greater adoption of advanced APMs with downside risk
- Continue exploring opportunities to expand access to primary care for GHIP participants

- Continue leveraging vendor-provided and community-based diabetes prevention and management programs
- Continue managing medical TPA(s)

Revised Proposed Goals:

- ★ Using FY2021 medical spend as a baseline, increase GHIP spend through Category 3 and Category 4 APMs to be at least 30% of total by the end of FY2023
- Reduction of GHIP diabetic cost per-member-per-month (PMPM) by 8% by the end of FY2023
- Limit total cost of care inflation for GHIP participants at a level commensurate with the Health Care Spending Benchmark by the end of FY2023 by focusing on specific components
- ▲ Incremental increase in unique users utilizing a specific point-of-enrollment and/or point-of-care engagement platform/consumerism tool by at least 5% annually

Participant Care Consumption

Participant Engagement in Health and Wellness

Participants

- ★ Continue to ensure members are aware of how to find high quality, high value providers
- Continue to offer GHIP coverage of select diabetes prescriptions and supplies at no cost to members
- Continue managing GHIP coverage provisions
- ▲ Ensure members understand benefit offerings and value provided
- ▲ Promote decision support tools for plan selection and provider price/quality comparison
- ▲ Offer meaningfully different medical plan options to meet the diverse needs of GHIP participants, and targeted programs to support special needs

- Continue to encourage member awareness and use of diabetes self-care resources and lifestyle risk reduction programs
- Offer and promote resources that will support member efforts to improve and maintain their health
- ▲ Drive GHIP members' engagement in their health and benefit coverage decisions

Supply Demand

Group Health Insurance Program